PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003  ###\/-027												-
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR	OTHER	
TC	TAL CLAIMS		32					RATE	FEE	]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			72 minus 20=		· 17			X\$ 9:	= 108	OR	X\$18=	
INDEPENDENT CLAIMS			7 m	inus 3 =	·			X43=	172	OR	X86=	
MU	LTIPLE DEPE	NDENT CLAIM P	RESENT					+145:	_   /	OR	+290=	·
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA		OR	TOTAL	
CLAIMS AS AMENDED - PART II									حرطها	_3	OTHER	THAN
		(Column 1)	(Column 2) (Column			(Column 3)		SMAL	L ENTITY	OR	SMALL	ENTITY
AMENDMENT A	8-1-05	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	• 32	Minus	** E	32	=-		X\$ 9=		OR	X\$18=	
ME	Independent	1. 7	Minus	***	<u> </u>	=		X43=		OR	X86=	•
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
								TOT/			TOTAL ADDIT, FEE	
		(Column 1)		(Colum	nn 2)	(Column 3)	,	ADDIT. FE	: <b></b>	3	ADDII. PEEI	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	EST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
WOZ	Total	*	Minus	44		=	].	X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=	l	X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
								TOTA	L	OR	TOTAL	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		= .		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=		X43=			X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┞		<del></del>	OR		
•. H	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **THIS SPACE IS LESS THAN 3, enter "3."										OR ,	TOTAL ADDIT, FEE	
		ber Previously Paid					r fou	nd in the a	appropriate bo	x in col	umn 1.	

Application or Docket Number